



**CIGNA DENTAL PPO ENROLLMENT AND CHANGE FORM  
FOR CLERGY AND RELIGIOUS BROTHERS AND SISTERS**

Please Print Clearly or Type

Insured and/or Administered by  
Connecticut General Life Insurance Company

Please mark appropriate box:		Effective Date: _____	
New Enrollment	<b><u>Reason for Change</u></b>		
Change	Institutional Transfer: Old Inst. and Div. Nos. _____		
	Religious: Transfer to different dental plan		
	Open Enrollment	Other: If other, give reason:	
<b>NOTE: PLEASE COMPLETE ALL INFORMATION</b>			
NAME (Last, First, Middle Initial)		Social Security Number	
ADDRESS	Apt. #	City	State Zip Code
TELEPHONE			
Home: ( )		Work: ( )	
Policyholder	Date of Birth	Gender	
<b>ARCHDIOCESE OF NEW YORK</b>	(mm/dd/yy)	Male Female	
SELECT PLAN:		Coverage Identification Number (if different than SS No.)	
Clergy Religious Plan I (Non-Stipend only)			
Religious Plan II (Mandatory for Religious Plan on Stipend)			
NAME OF INSTITUTION/DEPARTMENT & ADDRESS		INST. NUMBER _____	
		<b><u>DIVISION:</u></b>	
		Clergy 053 153 156	
		Religious 050 051 052	
<b>I have read and accept the provisions printed below:</b>			
SIGNATURE:		DATE:	
I accept the coverage/insurance benefits provided by this group dental plan and authorize the processing of my enrollment in the dental coverage as indicated on this form.			
I authorize payment of dental benefits to the provider of dental care.			
I authorize CIGNA or any other participating dental office to release my dental records to any CIGNA company for plan administration purposes.			

Please send form to: Employee Benefit Connections, 1011 First Ave., Room 1654, New York, NY 10022